

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)		10/049388	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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50									
TOTAL									
TOTAL	13								
TOTAL	13								
TOTAL	13								
1380 (1378)									
*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									
U.S. GOVERNMENT PRINTING OFFICE: 1960 16-1000									

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